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EPIDEMIOLOGY

No. 254



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TRYPANOSOMIASIS REMAINS MAJOR THREAT TO ANIMALS, HUMANS

Dar es Salaam DAILY NEWS in English 21 Oct 81 p 3

[Article by Magreth Khonje]

[Text]

AFTER years of aerial spraying and bush-clearing, the tsetse fly and *trypanosomiasis* remain major threat to domestic animal and human life because nothing much is done after these two measures have been taken.

The Director of the National Scientific Research Council, Professor Hosea Kayumbo said here yesterday that the tsetse fly normally prefers to stay back only when people themselves provide it with suitable grounds to "hide in".

He said where land had been cleared to check tsetse and *Trypanosomiasis*, it was necessary for such places to be immediately turned into productive areas.

This, he said, ensured some permanent arrest of bushes attractive to tsetse fly.

Professor Kayumbo, talking to the *Daily News*, was commenting on a paper presented by one of the participants to the on-going 17th meeting of the International Council for *Trypanosomiasis* Research and Control (ICTRC).

Dr. D.A. Turner of the Nairobi-based International Centre of Insect Physiology and Ecology had said eradication of tsetse in Kenya was not being achieved.

He suggested that "afforestation policy, ought in certain circumstances take into account the tsetse and *trypanosomiasis* situation".

Professor Kayumbo said he was confident that with Tanzania, plans on a multisectoral approach to land development, the problem would be better handled.

In Uganda, the unstable government of dictator Iddi Amin hindered progress in research and control of *trypanosomiasis* and sleeping sickness.

Dr. Frank Matova, a medical research officer at the Uganda Trypanosomiasis Research Organization (UTRO) told the ICTRC meeting that whereas in 1971, a *trypanosomiasis* outbreak was put under control within a few months, a similar outbreak in 1976 could not be controlled.

And according to hospital statistics after the war, reported cases of sleeping sickness greatly shot up.

"Flight of specialists from Uganda during Amin's reign and people hiding in tsetse-infested forests to avoid the war contributed to a worsening of the situation", he said.

CSO: 5400/5636

INTER-AFRICAN AFFAIRS

THIRD SEMINAR ON TSETSE FLY OPENS

Dar es Salam DAILY NEWS in English 13 Oct 81 p 3

[Text]

THE Ministry of Livestock Development has started a two year diploma course in tsetse fly control, the Principal Secretary Ndugu S.A. Madalali said in Arusha yesterday.

Opening the third seminar on trypanosomiasis in Africa, Ndugu Madalali said the course aimed at training experts in tsetse control.

A dispatch from the Arusha International Conference Centre (AICC) did not mention the location of the school but said its graduates would be capable of carrying out surveys and control operations.

Ndugu Madalali said the seminar was of great importance in view of the limitations on socio-economic development in a number of African countries caused by the prevalence of the tsetse fly.

Thirty five sub-Saharan countries are infested with the tsetse fly in an area covering about 10 million square kilometres.

Experts believe Africa could become the world's greatest meat producer because the continent is endowed with a potential seven million kilometres of grazing

area.

If reclaimed, the dispatch said, the continent could be able to breed and manage economically, another 120 million head of cattle in addition to present estimated 250 million head.

The only snag was the widespread of the deadly brown insect. It is further estimated that about 35 million people on the continent live in perpetual risk of contracting sleeping sickness.

Delegates attending the seminar have come from hosts Tanzania, Benin, Ghana, Mali, Mozambique, Niger, Rwanda, Uganda, Burundi, Liberia, Zimbabwe, Sudan, Ethiopia, Senegal, Gabon, Sierra Leone, Upper Volta, Zambia, Equatorial Guinea and the Congo.

The first training seminar in Africa, was held in Nairobi, Kenya in 1977 and the second one in Bobo Dioulasso, Upper Volta in 1979. The Arusha seminar has been jointly organised by the Organisation of African Unity (OAU), the UN Food and Agriculture Organisation (FAO) and the World Health Organisations (WHO).

CSO: 4700/159

ARGENTINA

BRIEFS

HEPATITIS OUTBREAK--Santa Fe--Local health officials have reported that an outbreak of hepatitis detected in the Island of El Cocal on the riverside region north of Santa Fe, has been controlled. It was reported that the affected persons will be transferred to the city of Villa Ocampo, although the number of cases has not been specified. [Buenos Aires Domestic Service in Spanish 1600 GMT 21 Oct 81 PY]

HEPATITIS, MUMPS CASES--It has been reported that cases of hepatitis and mumps have occurred in Buenos Aires, mainly among children. It has also been reported that hepatitis cases have occurred in primary schools in Rio Gallegos. [Buenos Aires CRONICA in Spanish 7 Sep 81 p 9 PY]

CSO: 5400/2023

IMPLEMENTATION OF ANTI-DENGUE CAMPAIGN DESCRIBED

Havana BOHEMIA in Spanish 11 Sep 81 pp 45-46

[Article by Frank Hechavarria: "The Fight Against the Aedes"]

[Text] Near the conclusion of the intensive phase of the campaign against the Aedes aegypti mosquito and aimed at eradication of dengue, it becomes necessary to look 2 or 3 months back in order to analyze whether the work has yielded positive fruit.

First of all, we observe that there is a real drop in the number of cases reported every day on a national basis, and in the past 2 weeks, supervisors and inspectors report little infestation of mosquitoes or deposits of larvae. This alone tells us that the work has been good and efficient, although logically speaking, a great deal remains to be done and the aid of everyone is necessary. We must all remember that this is a fight of the people and the Aedes must be eradicated, deprived of Cuban citizenship!

In order to have a clearer view of the volume of work done, let us see how focal and perifocal treatment was handled (Abate and Baytex [insecticides]) since the beginning of the campaign on 3 September: 2,417,430 sites or housing units have been visited.

At the same time, intradomiciliary fumigation using Malathion (automatic sprayers), in 10-day cycles, was a day behind in the first phase and instead of finishing on 12 August as planned, it was completed on 13 August. This delay continued into the second phase and it was during the third that the time lost was made up and the plan was completed, for a 300 percent rating by 3 September. It should be recalled that this type of spraying is only done in urban areas with over 100 inhabitants, meaning that in each cycle, 2,007,141 housing units and sites are treated.

By 30 August, the four phases of outside spraying had been completed (except in Havana City, with five phases) and 58,825 blocks had been covered. This type of spraying initially encountered serious problems due to the lack of equipment. Our country had to build its outside spraying equipment (LECOS) on its own and use agricultural planes to support the task. It was the Soviet aid with the mobile TDA spraying equipment that made it possible to give the final boost to the work and complete the program on time.

The enormous amount of work done in the intensive phase, joined with the continuing cleanup task done by our people, under the watchful eye of the CDR [Committees for the Defense of the Revolution], along with the UJC [Union of Young Communists], the CTC [Central Organization of Cuban Workers] and ANAP [Association of Small Farmers], has made it possible to reduce the number of dengue cases greatly. We can see this if we compare how, from Monday, 8 June, when 458 cases were reported, the incidence gradually increased, reaching the peak of 11,721 cases by 6 July, the date when every Cuban was involved in the battle against dengue and the carrier: the Aedes aegypti.

Our people are witnesses to the true sacrifices and humane labor done, mainly by personnel in the pediatric and general hospitals, in an open fight against death, but the effort was not in vain, and from that peak date, the national index began to drop.

If we observe the picture province by province, we see that on 3 September, Holguin had the highest incidence, with .3 per 10,000 inhabitants. In absolute numbers, Las Tunas came next with 14 cases. In the municipalities, those with the most cases on that date were Victoria de las Tunas with .7; Manati and Benes with .6, all for every 10,000 inhabitants.

At the end of the week, the National Operations Group considered calling upon the territories still behind in certain tasks of the final period of the intensive phase, such as:

Spraying with Abate (focal): Isle of Youth, Sancti Spiritus and Las Tunas, have not completed their plans.

Perifocal treatment (Baytex): All provinces have completed their plans, with the exception of the special municipality of Isle of Youth.

Intradomiciliary treatment (automatic sprayers): To date, the fourth cycle has been completed throughout the nation.

Outside spraying (LECO and TDA): Santiago de Cuba, Villa Clara, Havana City and Camaguey were the most behind at the close of the fifth weekly cycle.

It should be pointed out that in the mobilizational cleanup tasks, as in the volunteer day on Sunday, the pickup of accumulated waste took a week, violating instructions. It is useless to mobilize the masses for such necessary and important work as cleanup if this is not done effectively. The objective of eradicating any place that might serve as a breeding ground for the Aedes aegypti mosquito must continue permanently.

In the over 2 months of the campaign, our people have been aware of the essential need to eliminate the dangerous carrier of dengue, yellow fever and other diseases once and for all, and we must not allow our guard to be lowered by the progress made. The fight continues and there are still enemies to be defeated!

CZECHOSLOVAKIA

BRIEFS

CZECHOSLOVAK VIROLOGICAL PROGRAM ACHIEVEMENTS--Each year, 4-5 million of Czechoslovaks become affected by viral respiratory diseases. Students become ill on the average three times per year and preschoolers four to five times. About 400,000 persons receive vaccinations against influenza yearly. Being prepared is a vaccination program for adolescent girls against rubella and a program against mumps, diseases which annually affect 60,000 persons. Almost eradicated are polio and diphtheria and reduced almost to the minimum are tetanus, whooping cough, measles, typhoid and paratyphoid. [Prague MLADA FRONTA in Czech 17 Oct 81 p 2]

CSO: 5400/3002

INDIA

BRIEFS

WESTERN INDIA YELLOW FEVER--New Delhi, Oct (DPA)--Indian health authorities were reported today to be alarmed about spread of yellow fever in the western states of Gujarat and Maharashtra. According to official reports, during recent days eight persons had died from hepatitis in Baroda not far from Ahmedabad, and several hundred were stricken with yellow fever. In several villages in neighboring Maharashtra the illness was spreading in epidemic fashion reports said. Officially the cause was contaminated water and constantly worsening hygienic conditions. [Textt] [Colombo SUN in English 7 Oct 81 p 2]

CSO: 5400/4904

BRIEFS

CASTROENTERITIS REPORTED IN ACEH--For the past 2 years gastrcenteritis epidemics have recurred in the city of Banda Aceh and Aceh Besar Regency. At least 40 persons are treated daily at the Dr Zainol Abidin General Hospital in Banda Aceh, one of the hospital's nurses told ANTARA on Monday [3 August]. This epidemic is believed to have begun spreading in early July and has spread on an even greater scale in the past 5 days in these two areas. Dr. Burhanuddin Jusuf, director in charge of the control of contagious diseases (P2M) for the Aceh Health Service, told ANTARA also on Monday that generally the sources of the disease are iced drinks and fruit as well as the ignorance about sanitation on the part of the public in this region. Ten persons have died at the Dr Zainol Abidin General Hospital. In general the victims arrived too late to be treated at the hospital, and moreover were dead on arrival. A number of the victims' families said that other than those treated at the hospital, many have died of this disease and that people hesitate to report this to the health service officials. In addition the local population is unwilling to bring the victims to the hospital at the onset of the disease because they feel that once they are in the hospital they are beyond help and will not be cured, Dr. Burhanuddin said. [Excerpts] [Jakarta MERDEKA in Indonesia 5 Aug 81 pp 1, 12] 6804

CSO: 5400/8402

SUCCESS NOTED IN EFFORTS TO CONTROL DENGUE MOSQUITO

St Georges FREE WEST INDIAN in English 12 Sep 81 p 6

[Text] The population of the dengue fever carrier, the aedes aegypti mosquito has been drastically reduced in Grenada mainly through the efforts of the Ministry of Health.

At the start of the campaign, Hillsborough, Carriacou, had an infestation rate of 17 per cent, now it is only five per cent. Grenville's rate has been reduced from 2.5 per cent to one per cent, Belmont's from 11 per cent to four per cent, and Fontenoy's from 17 per cent to 2.5.

Martin Abraham, a health official, has listed foggings, conventional treatment, reducing the source of the mosquito and the help of community projects as being instrumental in reducing the aedes aegypti.

Fogging he said, is carried out daily on mornings and evenings, containers and large bodies of water are being treated with insecticides to kill the larvae of the mosquito during the day, and also reduce the source of the mosquito.

Community projects, he said, played a large part in the fight against dengue. Carriacou, in particular, had a healthy clean-up campaign which was successful. Although Grenada also had a clean-up campaign, the results was disappointing because more people could have participated.

According to Dr Frank Alexis, who is familiar with the Ministry's efforts to eradicate the mosquito, Grenada was more advanced in the campaign than most other Caribbean islands. For a few years now, he said, spraying to eradicate the dengue carrier has been going on and has intensified since the Revolution.

This meant that the mosquito has been under control, unlike some other islands which started their campaign after their country was already affected by dengue.

Dr Alexis also said that fogging on the ports and airports has lessened the danger of the disease being brought to Grenada from another Caribbean island.

CIO: 5400/7505

ITALY

OUTBREAKS OF SALMONELLA, MENINGITIS, HEPATITIS IN SALERNO

Rome AVANTI in Italian 24 Sep 81 p 3

[Text] Salerno, 23 September--The Salmonella epidemic has been confirmed: Eboli, Capaccio, Albanella are "frightened towns." As of the past few hours there were 105 patients in the hospitals of Battipaglia, Eboli, and in the "Riumiti" of Salerno, but this number may increase.

It all began last Sunday and Monday, after three weddings at the Ariston Hotel in Paestum. It is estimated that no less than approximately 1,200 guests attended the weddings. On that Monday, the 14th, the first patients began to be admitted to the hospitals. The doctors of the various hospitals tell of their having provided varying degrees of service to 300 patients.

"There is no doubt," explains Dr Antonio Capobianco, of the Ministry of Health, "that it is "paratyphoid," type B, salmonella. In order to ascertain the causes of the epidemic, the drainage systems of the towns involved were checked and water samples were taken; but above all analyses are being made of the food, probably spoiled, that was used during the incriminated wedding dinners.

In order to deal with the serious situation in Valle del Sele, a meeting of health officials and directors of the towns concerned was held at the local health center [USL]. It was presided over by the chairman of the USL, Dr Carmelo Conte. "What is required--without alarmist reports, but with an awareness of the seriousness of the situation--is an immediate state of health emergency. We are confronted with an epidemic that can be contained, without too much damage, only through rigorous measures."

At the end of the meeting the report of colleague Conte was approved. This provides for the equipping of a mobile division and the formation of a technical committee at the Eboli hospital, to be made up of representatives of the Ministry of Health and of the Campania region, "to provide guidance" to this emergency stage in the form of food checks and coproculture [microbiologic culture of the feces] tests in the pertinent towns.

While salmonella appeared in Valle del Sele, in Cilento 13 children were admitted to the Vallo della Lucario hospital for infectious hepatitis and meningitis. Half of the children are from Centola; the others, from Vibonati. The aqueducts that supply water to the area were checked, but the bacteriological analyses did not reveal anything. The disinfection underway in the towns involved has interrupted the school activities of the "secondary and elementary grades," which will probably reopen next month.

8255

CSO: 5400/2013

MALARIA BEING REINTRODUCED; POSES NEW THREAT TO ISLAND

Kingston THE DAILY GLEANER in English 22 Sep 81 p 1

[Text] The reintroduction of malaria into the island continues to be a threat especially with the increase in travel by Jamaicans in recent years.

Dr Carmen Bowen-Wright, Senior Medical officer of Health for the Kingston and St. Andrew Corporation told this yesterday to the Public Health Committee meeting of the KSAC. She said malaria was a threat to the island especially with the increase in travel to the Caribbean islands and African countries in recent years.

The Corporation had spent \$15,000, Dr Bowen-Wright said, to take care of the two persons infected as well as for spraying and other precautionary measures in the areas where those persons reside. In addition, the Corporation had exhausted the \$50,000 provided for insecticides in the mosquito control programme and to date some \$55,000 had been spent. The funds, she said, had been exhausted because a special programme had to be introduced to deal with the "imported" cases of malaria. She expressed concern for more funds to be injected into the programme.

Malaria, she said, had been eradicated in the 1950s but was being reintroduced by persons travelling to infected countries. Precautionary measures should be taken. There was no vaccine available for the prevention of malaria but tablets could be had from health authorities. She said that Councillors should educate their constituents on the importance of taking precautionary measures when travelling. She also appealed to travel agents to advise people to take malaria tablets before travelling to infected countries.

Measures

Speaking of the accelerated programme in recent weeks, Dr Bowen-Wright stated that aerial and ground spraying were extremely expensive operations and should be reserved for a national crisis.

She said that the Ministry of Health had instituted measures to deal with the situation. These are the issuing of malaria-alert cards to all passengers coming from infected countries; a public education programme on the use of malaria

preventive tablets which can be obtained from parish health departments and the Comprehensive Health Clinic in Kingston and the collection of names and addresses of passengers coming from infected countries. Specially trained health personnel will visit these persons and do blood smears in testing for malaria.

The Ministry of Health in a letter dated July 27 advised that steps were being taken at Airports and points of entry and throughout the public health system to deal with the situation.

Dr Bowen-Wright said the mosquito control programme which was formerly the responsibility of the Ministry of Health had been decentralised. Now each parish will be responsible for its own programme.

Councillor Dennis Williams speaking about the programme, said that when the Relief Employment Programme workers removed the cans and other containers breeding mosquitoes from homes, they were left on the streets. This was militating against the programme. In a resolution he called on the Mayor and Town Clerk to provide funds for the purchase of insecticide and trucks to remove the garbage collected by the workers. He said that it was now the peak of the "mosquito season" and as such he was asking that immediate steps be taken to provide funds for the removal of the containers. He said that from his experience the garbage-collection system was not working.

The resolution in part reads: "And whereas Councillors have been informed that no funds are available for the provision of trucks to collect items removed from homes. And whereas funds for the purchase of insecticides have been exhausted; Be it resolved that the Mayor and Town Clerk be asked to make immediate steps to obtain reimbursement of funds expended or new funds for the purchase of insecticide and hiring of trucks to remove garbage mentioned above."

CSO: 5400/7505

JAMAICA

BRIEFS

DRUG SHORTAGE--The island's drug supplies not classified under the "Basic Needs Basket" will be depleted by the end of December, and the Pharmaceutical Group of the Chamber of Commerce is seeking an early meeting with the Minister of Health to discuss the matter. However the GLEANER learned that the Minister was off the island and would not be back until sometime next week. A spokesman for the distributors said that they had obtained licences this year for less than 50% of the total quota and there was a shortfall of 25% to 70% in these items. He said distributors stock would be exhausted by the end of December, and consequently they would "find it difficult to keep their doors opened." He noted, however, that this was not to say that all pharmacies would be completely out of stock for the same period. It was possible that some would have certain items available beyond that period.
[Excerpt] [Kingston THE DAILY GLEANER in English 23 Sep 81 p 2]

CSO: 5400/7505

NEPAL

BRIEFS

GASTROENTERITIS IN BHAKTAPUR--Kathmandu, Oct. 21--In Bhaktapur district 14.1 percent of total patients were found suffering from gastroenteritis, reports RSS. Last fiscal year's statistics show that of the total gastroenteritis patients, 52.88 percent are male and 47.12 percent female. According to Bhaktapur Hospital, 29.48 percent of the total gastroenteritis patients are children below ten and the people over seventy-one years of age accounted for only 0.26 percent. Only four deaths (1.05 percent) were registered at the hospital in the first nine months of the last fiscal year. Use of pond waters for cleaning and poor sanitary condition are reported to be main factor contributive to the high incidence of the disease in the district. [Text] [Kathmandu THE RISING NEPAL in English 22 Oct 81 p 1]

CSO: 5400/4904

NETHERLANDS

BRIEFS

BRITON HOSPITALIZED WITH LASSA FEVER--Amersfoort, October 16--A 27-year-old Briton who arrived in the Netherlands from Nigeria last Tuesday was admitted to hospital here today suffering from lassa fever. A spokesman for the isolation section of the Lichtenberg Hospital refused to name the patient or give any other details but described his condition as satisfactory. A public health ministry spokesman in The Hague said the man first fell ill in Nigeria on October 7. His condition worsened while on his way to Britain aboard a KLM Royal Dutch Airlines flight from Nigeria yesterday and he had to leave the aircraft at Amsterdam's Schiphol Airport. He was admitted to an Amsterdam hospital but was transferred to Lichtenberg Hospital today when doctors diagnosed lassa fever, an acute infectious disease recognised for the first time in 1969. The spokesman said a sample of the man's blood had been sent to a London laboratory which specialises in research of tropical diseases. [Text] [The Hague ANP NEWS BULLETIN in English 17 Oct 81 p 4]

CSO: 5400/2025

SPENDING TO INCREASE HEALTH SERVICES IN SIND REPORTED

Karachi MORNING NEWS in English 13 Oct 81 p 5

[Text] Rupees 100 million would be spent on improving and expanding medical services in the province by the end of June 1981.

This was disclosed by the Sind Health and Information Minister Syed Ahad Yosuf, while talking to a group of local councillors here yesterday.

He said that the Government was spending Rs 69.3 million to complete its schemes in hand, besides, the new schemes being completed in so far neglected areas at a cost of Rs 30.7 million.

Out of the total allocation, the Health Minister said, Rs 25.920 million was being spent to start and complete construction of various hospitals which would add 800 beds to the existing strength.

He said that Rs 3.080 million would be spent on health education programme training of Dais, distribution of oral rehydration salt and World Food Programme commodities etc.

Taluka Hospitals

The Minister said that five taluka hospitals at Matli, Mithi Mirpur Bathoro, Mirpur Matheild Keeplo and one district headquarter hospital at Mirpurkhas would start functioning by July next.

He said the construction work on 10 other taluka hospitals was being expedited. These hospitals were located at Mirpur Thui, Johi, Sinjhoro, Gambat, Tandoadam, Kot Ghulam Mohammad, Wanro, Hala, Sakrand and Naushenro Feroze.

Mr Yosuf said that 11 new schemes were also included in the programme envisaging expansion and improvement of existing medical facilities in Government hospitals besides procurement of equipment for operation theaters.

The Government, he said, has allocated Rs 33.074 million for rural health centres and basic health units. Rs 10.015 million were being spent on going and Rs 23.059 million on new schemes, he added.

He said that three rural health centres and basic health units would start functioning by July next.

The Health Minister informed the group that the present Government was paying maximum attention to improve the medical education standard besides providing improved facilities to medical students. For this Rs 36.656 million have been earmarked.

Highlighting the importance of immunization scheme, the Minister said that the Government had intensified its expanded programme on immunization and had allocated Rs 1.270 million for the propose. [as published]

Under the programme, he hoped, that by June next over 0.700 million children up to the age of 5 years would be inoculated against communicable diseases and about 0.210 million pregnant women would be covered against tetanus toxoid.-- APP

CSO: 5400/4518

BRIEFS

IMMUNIZATION PLAN FOR SIND--Sukkur, Oct 12--Immunisation against contagious diseases will be started during the current financial year throughout Sind on a mass scale, official sources told DAWN here recently. According to the programme, it is proposed to cover about 7 lakh children in the age group of five years against five diseases and over 2 lakh pregnant women against tetanus during the current year. According to official sources Rs 1.270 million have been allocated for the programme. [Excerpt] [Karachi DAWN in English 13 Oct 81 p 8]

MORE BREAST CLINICS--Plans are afoot to expand the scope of activities of the National Society for Breast Diseases, Dr Haq Nawaz Arab, Chairman of the Society, said in a Press release. In this connection, Dr Basharat Jazbi, Adviser for Health to the President, will visit the Breast Clinic, the first of its kind in Pakistan, set up by the Society at Abbasi Shaheed Hospital tomorrow at 10 a.m. to review the work and to discuss the problems. The clinic has so far registered over 1,600 new cases out of which 163 were detected as suffering from cancer. In 700 cases, major and minor operations were carried out. In other cases of non-malignant nature appropriate treatment was provided, while about 160 cases were found absolutely normal, the Press release said. The clinic works on Wednesdays (10 a.m. to 1 p.m.) but recently work load increased and it functions on Tuesdays as well. The Society plans to open clinics in other major cities and major independent hospitals, besides providing educational facilities, diagnosis of cases, treatment, and research. [Text] [Karachi DAWN in English 13 Oct 81 p 10]

CSO: 5400/4518

CHOLERA EPIDEMIC DENIED IN CAGAYAN

Manila THE PHILIPPINES DAILY EXPRESS in English 31 Oct 81 p 3

[Text]

TUGUEGARAO. Cagayan - Cagayan Gov. Justiano P. Cortez yesterday denied reports that there is a cholera epidemic in the province.

Cortez, who arrived last week from a 46-day trip to the World Law Conference in Sao Paolo, Brazil, and the United States, said records show that there has been no single case of cholera during the last 20 years in Cagayan.

The former appellate court justice said proper measures were instituted by the provincial health office to avert the incidence, possibly of diarrhea, gastro-enteritis, but never cholera.

AMONG the measures were the massive immunization last month in all barangays in the province, distribution of chlorine tablets to disinfect open dugwells submerged during the floods, environmental

sanitation, health education and distribution of free oresol to flood victims.

Oresol is taken orally to combat dehydration caused by diarrhea.

Meanwhile, Regional Director Manuel Nayera of the Ministry of Health (MOH) told PNA there is no cholera case in Cagayan or in the region.

Nayera allayed fears that an epidemic in diarrhea, gastro-enteritis and el tor cholera may break out in the region during the rainy season.

He said proper measures were already instituted to counter any possible outbreak of these diseases in the region.

THE MOH chief said diarrhea cases may increase slightly in the coastal towns of Cagayan where open dugwells are sources of water for the people.

Nayera, however, said the slight increase will be negligible and should not cause any alarm.

CSO: S400/4905

POLAND

BRIEFS

TYPHOID CASES--Cases of typhoid fever occur above all in the Gdansk district of Stogi. This is the result of the catastrophic state of sanitation in the district. Until recently liquid sewage was dispersed onto irrigation fields with an area of 400 hectares. This area, as a result of building the northern port, has diminished by one half, while the sewage increased, in connection with the growth of the population. The irrigation fields [pola irygacyjne] have also been severely damaged by people searching for amber. The issue of refuse removal is no better. There are allotments from which produce is also sold. [Text] [Warsaw PAP Maritime Press Service in Polish 1200 GMT 21 Oct 81 LD]

CSO: 5400/2023

CHOLERA-INFESTED RIVER WATER CONTINUES TO BE USED

Johannesburg RAND DAILY MAIL in English 3 Oct 81 p 1

[Text] UNPURIFIED water from the cholera-infested Apies River in BophuthaTswana was still being used yesterday.

Unclorinated and unboiled, the water is used by tens of thousands of people living along the river's banks. This is in spite of a feverish publicity campaign to warn people against drinking the water.

One of the reasons people still continue using the river is that safe water is sold for about 15c l in the homeland.

And the heavily infected river frequently is the only water supply for at least 250 000 people living along its banks in the Moretele One district.

The river was positively identified as the main source of the cholera epidemic by health authorities in Hammanskraal, 45km north of Pretoria.

During the past week the disease has already killed four people and put another 109 in hospital.

Dr A Malan, superintendent of the Jubilee Hospital in Hammanskraal, said that one man died of cholera in one of the wards a few days ago, but that his disease was complicated by the use of herbal medicines.

The other three fatalities occurred outside the hospital. They cannot be identified until relatives have been notified.

The hospital's wards are filled to overflowing with cholera patients. Yesterday one of the children's wards, with 16 cots, was crowded with 39 sick infants and toddlers, doubled or tripled up in the tiny beds.

Patients continued to arrive - yesterday 20 more were admitted.

Cholera, a water-borne disease, cannot be transmitted by secondary carriers such as fish or cattle, but it takes on epidemic proportions when the water-supply is infected by choleric faeces.

"This can occur in many ways. For instance, an outside toilet may pollute the water table - in this district, it is near the surface - from as far away as 70m," said Dr Malan.

When *fibrio cholera* reaches the water table, it is transmitted to a local well or a river. The spread of the disease is therefore uncontrollable unless people are taught to use only chlorinated or boiled water.

"One apparently can not only get infected when ingesting it, but even hand contact seems to transmit the disease. Four times as many patients are admitted during this epidemic as were treated during the last outbreak in August last year."

BophuthaTswana Defence Force members have been pressed into service in the district to aid four health teams in a stepped-up publicity campaign.

Last year, 12 people died of cholera in the Transvaal Lowveld area.

"Now, with the warm weather, the disease germs have spread rapidly. The most common present infection has now reached the areas around Mathibesstad and cases have been reported just south of Moretele," Dr Malan said yesterday.

One of the thousands of women washing in the river, Mrs Margaret Wudeli, 28, of Majaneng, said she had no choice.

"I know that the water makes the people sick, but safe water is sold here for 12c to 15c l."

"We haven't got that kind of money and go to the river to wash. The children swim in it all the time. What can we do about it?"

CSO: 5400/5639

SOUTH AFRICA

BRIEFS

TYPHOID AT EPIDEMIC LEVEL--Typhoid fever, a major bacterial infection in the tropics, reaches epidemic proportions in certain areas of South Africa where almost 4 000 cases are reported annually. The highest incidence of the disease is found among blacks with 80 percent of all cases reported in Natal and the Transvaal according to an article in the "SA Medical Journal." The report calls for stern control measures to reduce the incidence of typhoid. These should take the form of basic hygiene education, vaccinations and the introduction of clean water supplies. [Text] [Johannesburg THE STAR in English 8 Oct 81 p 6]

CHOLERA IN THE APIES--Tests have shown extensive cholera contamination in Pretoria's famous Apies River between Bon Accord, just north of Pretoria, to deep into Bophuthatswana. State Health Department sources said yesterday they were satisfied the outbreak of the disease among Tswana Citizens had been contained and that there was no threat to Pretorians. The heaviest contamination was found in the Hammanskraal area, where more than 200 cholera suspects have been taken to hospital. [Text] [Johannesburg THE CITIZEN in English 22 Oct 81 p 8]

CHOLERA NEAR PRETORIA--More than 100 confirmed cases of cholera have been reported at Moretele, 35km from Pretoria, since the weekend, medical authorities said yesterday. The cases were being treated at the Jubilee Hospital in Temba near Hammanskraal. The hospital's medical superintendent, Dr Gerald Malan, said 12 cases were admitted yesterday and 80 at the weekend. "We are waging an all-out war against the disease and our health teams from various regions in the country have gathered in the Moretele district to help in the campaign," he said. The team had been joined by members of the Bophuthatswana Defence Force who were helping with the purification of water in the district, he said. Most of the cases had been from Mathibestad where residents obtained their water from the polluted Apies River. Other areas where the disease has been reported are Dikubung, Schurman and Makapanstad. All patients admitted at the weekend were improving and 15 had been discharged, Dr Malan said. He warned people to take precautionary measures before using water.--Sapa. [Text] [Johannesburg RAND DAILY MAIL in English 2 Oct 81 p 2]

CSO: 5400/5639

SRI LANKA

BRIEFS

HYDROPHOBIA DEATH--A 60-year-old woman who was bitten by a dog died of hydrophobia. The woman, Alice Nona of Madelgamuwa, Gampaha had been asleep when her pet dog attacked her, it was revealed at the inquest. N.A. Amaradasa, (27), a Coconut Development Board officer told the Coroner that the dog had broken loose from its chain and attacked his mother on the night of September 19. They had chained the dog because it had symptoms of rabies. Amaradasa said that his mother underwent ayurvedic treatment but had to be rushed to hospital when she got bad on September 30. Coroner Walter Perera returned a verdict of accidental death after medical evidence certified that death was due to hydrophobia. [Text] [Colombo THE CEYLON DAILY NEWS in English 12 Oct 81 p 3]

CSO: 5400/4904

SWAZILAND

NEW CHOLERA ALERT REPORTED

Mbabane THE TIMES OF SWAZILAND in English 19 Oct 81 p 2

[Text]

THE MINISTRY OF HEALTH has issued a Press Release requesting the nation to cook and boil water and food and also to wash their hands after going to latrines due to a cholera case reported at Sithobele area where a patient is undergoing treatment.

In another homestead of the same area a man has died from acute diarrhoea and vomiting without attending a clinic and it is suspected that he was a positive case, said the Press release. On investigation, the health team found a thirteen year son of the deceased to be a carrier of cholera, but not suffering from the disease.

A third female patient from the same area has been also found to be positive for cholera. Common to all three

patients is the source of water.

The health team has moved in to supply the area with water tanks and clean water will be provided, and immunization will be carried out to give some degree of protection to the community in the affected area, says the release.

The Ministry said it takes this opportunity to inform the Nation that summer has come, flies will now be plentiful. The rains will wash dirt and refuse into open streams, thereby

making water supplies a potential hazard.

The statement requests the public to cook food properly, cover food to prevent contamination by flies and wash fruits and vegetables before eating.

The Ministry said that neighbouring countries have reported larger outbreaks, and it then requests those who are forced to visit or pass through those countries and affected areas to exercise great care and practise personal hygiene, as the

cholera vaccine though compulsory can not protect one hundred percent.

The report concluded by stating that it only with the cooperation of each individual in the community that we will succeed to control the disease.

"This early outbreak should alert everyone that we are still in potential danger, and it is only by total effort can we win the battle against the scourge of cholera. The Ministry is ready to give advice on request," the release says.

CSO: 5400/5641

TANZANIA

BRIEFS

CHOLERA INCIDENCE INCREASE--The incidence of cholera which was reported to have declined last week in Shinyanga Region has now increased from 29 to 100 cases. A report issued by the government hospital of Shinyanga Region stated that Shinyanga District now has 40 cases of cholera and Bariadi District has 60 cases. All parents in Shinyanga Region were reminded again concerning the importance of bearing in mind health regulations especially concerning the boiling of drinking water.
[Text] [Dar es Salaam UHURU in Swahili 21 Oct 81 p 5]

CSO: 5400/5642

TURKEY

FOOD PRODUCTION CONTROLS IN PREPARATION

Adana YENI ADANA in Turkish 1 Sep 81 pp 1,6

[Text] Health Director Dr Adnan Akciger reported that activities to control preparation of foods in the city of Adana are being accelerated for the purpose of ensuring that foodstuffs are not harmful to man's health.

Akciger said that the food control staff that was formed within the structure of the Ministry of Health is also responsible for the control of foodstuffs in the Adana region. He noted that, "if the public would telephone his office when they detect rotten foodstuffs, the necessary procedure will be carried out immediately."

Shops To Be Inspected; Workers, Educated

Dr Akciger announced that food preparation shops will be inspected by control teams and workers employed at the shops will be educated as needed from the standpoint of health. Akciger said that the numbers to call to report complaints are 20431 and 12730. He continued:

"By establishing our food control staff within the structure of our directorate, more strict control of food preparation shops in the city has been ensured. These teams will inspect the shops, and any deficiencies that are found during these inspections from the time the food is prepared until it is consumed must be eliminated within a specified period of time. If they are not corrected, the shop will be closed down. Furthermore, employers and employees will receive health training as to why any deficiencies that are discovered must be corrected. In these inspections, if a situation is found that would endanger the public's health, the approval of the provincial government will be obtained and the shop will be closed immediately. Chemical and bacteriological samples will be taken. Action will be taken against those who do not obey the foodstuffs regulations."

Sites To Be Inspected in September

Akciger spoke of the activities to be carried out by the food control teams this month. He also said that the control teams will inspect shops that prepare shish kebab, lahmacun, ice cream, and meat pies and bakeries and hospitals during the month of September.

11673

CSO: 5400/5300

TURKEY

VILLAGERS TO UNDERGO TRACHOMA SCREENING

Diyarbakir YENI YURT in Turkish 26 Aug 81 p 1

[Text] Diyarbakir--An important fact was uncovered during the trachoma screening of 10,814 children aged 7 to 12 conducted by the Diyarbakir Faculty of Medicine Department of Public Health in the provincial capital of Diyarbakir and 63 villages. Statistical analysis of the results shows that 5 out of every 100 children have trachoma, and the majority of those afflicted come from the families of laborers.

Dr. Seref Inaloz, a surgeon and instructor for the Faculty of Medicine Department of Public Health, stated that prevention of trachoma, the major disease that affects the eyes, which are the body's and mind's window to the world, and causes blindness, has been given the necessary emphasis in recent years. In Turkey, he said, trachoma is most prevalent in the southern and southeastern regions.

Of the 8,191 children examined in the provincial capital of Diyarbakir, 5,052 were boys. "Active" cases of trachoma necessitating treatment were found in 4 percent, in 303 children, of whom 216 were male. Dr Inaloz reported that "most of the fathers of the children with trachoma are laborers."

Higher Percentage in Villages

Screening of a total of 2623 children in 63 villages attached to the provincial administrative district uncovered active trachoma in 169 children, 142 of whom are male. Surgeon Inaloz pointed out that this is 7 percent of the children, that the number of cases of trachoma is much higher in villages than in towns and cities.

Dr Inaloz asserted that, in the villages, trachoma is more widespread among children whose fathers are farmers and among children of primary-school age.

Dr Inaloz pointed out that trachoma was first observed in Egypt in 3000 B.C. and was spread throughout the world during the Mediterranean wars. He continued:

"Trachoma is a contagious eye disease that is most prevalent in countries that are socially and economically undeveloped, that have a low rate of literacy, and that have poor environmental health conditions. Trachoma is spread in two ways -- by flies and by the use of goods belonging to a person who has trachoma. The disease is seen primarily along the Mediterranean coast, in African and Asian countries, and in Egypt. In Turkey, it is widespread in the southern and southeastern regions. The percentage decreases as one goes further west and north. Patients are classified by their fathers' professions. The classifications are farmer, tenant farmer, laborer, craftsman, tradesman, self-employed, civil servant, and other professions. Persons with trachoma must follow doctors' recommendations exactly. If they do not, the disease will become more serious.

11673
CSO: 5400/5300

TURKEY

THREAT OF EPIDEMIC DISEASES CITED

Diyarbakir YENI YUKT in Turkish 3 Sep 81 p 1

[Text] Diyarbakir--The Diyarbakir Maternity Hospital, which provides women with maternity and gynecological services and meets the needs of about 12 provinces, has been vacated because of a threat to the health of its patients.

For 15 days, services other than the maternity hospital's administrative affairs will be provided at the SSK [Social Security Organization Directorate General] Hospital's maternity ward. During this period, work will be undertaken to replace the hospital's antiquated equipment, wards will be disinfected against contagious diseases, and the leaky roof will be repaired.

Threat of Epidemic

Diyarbakir Maternity Hospital Doctor-in-Chief Prof Orhan Erman was questioned by an Anatolia Agency correspondent about the work and problems of the hospital. Dr Erman said, in summary:

"Our biggest problem is the public's lack of knowledge. Sometimes, this puts the entire hospital under the threat of an epidemic.

"Patients come from the east and southeast, from Tunceli to as far as Mus, Adiyaman, and Van, from Mardin to as far as Siirt. A significant portion of those who come from these rural regions bring danger along with them. For example, our wards and beds that were spotless 5 or 10 minutes before are made unhealthy by the dust, dirt, and manure brought in by one or more of the patients. Most of the time, our village patients who have begun to have labor pains while in the stable come to the hospital covered with manure up to the knees, and we have no choice but to put them in the same condition in a bed or on the operating room table for a cesarean, operation, or to give birth."

Professor Erman asserted that a number of patients that have migrated to the towns from the villages also come to the hospital in a dirty condition and threaten the health of the entire hospital. He emphasized that there is a very great need to educate the people on rules of health and hygiene.

11673

CSO: 5400/5300

PUBLIC HEALTH PLAYS BIG ROLE IN MEKONG DELTA DEVELOPMENT

Hanoi NHAN DAN in Vietnamese 21 Sep 81 p 3

[Article by Professor Nguyen Tang Am, deputy minister of Public Health: "Public Health Serving Agricultural Development in Mekong Delta"]

[Text] The Mekong delta is our country's largest area of fertile land having many natural factors favorable for abundant and total agricultural development. The Council of Ministers has issued a resolution on the Mekong delta and all sectors are concentrating their efforts on successfully implementing this important policy.

Health is the most precious asset as only good health allows high labor productivity; consequently, public health plays an important role in serving agricultural development in the Mekong delta.

Characteristics Related to Public Health

The health, disease pattern and geographical situation in the Mekong delta can be divided into three zones: 1. The coastal zone consisting of districts from Go Cong (Tien Giang) to Ba Tri and Binh Dai (Ben Tre) is one of brackish and salty water favorable for the reproduction of the malaria mosquito species of A. Sundaicus and A. Subpictus, hence, a zone where malaria is active. 2. The densely populated zone on the banks of Hau and Tien Rivers and canals has such characteristics as high birth rate and lack of sanitary habits on the part of the people (defecating into rivers, drinking plain water and eating raw vegetables), which create favorable conditions for intestinal diseases like diarrhea, dysentery and typhoid fever to spread. It is noteworthy that the 7th world cholera epidemic that spread to South Vietnam in 1964 encountered a contaminated environment and thus left behind a "locally prevalent" disease. Gynecological and skin diseases here are more common than elsewhere because there is a lack of wells providing clean water and the people use water from rivers and ditches to bathe and wash. Hemorrhagic fever epidemics break out in consecutive years and greatly affect productive labor and even threaten the lives of people, mostly children. 3. The border zone including semiwild areas where there exist natural pockets of contagion and jungle areas

where there are the malaria-transmitting mosquito species of *A. Balabacensis* and *A. Minimus* serves as a buffer zone: some contagious diseases can easily spread from one side of the border to the other side along waterways and land routes.

Neocolonialism has left behind many harmful effects -- contaminated environment, epidemics and social ills -- which create a very great task for the public health sector to fulfill. The old public health organization lacked an infrastructure, with medical doctors gathering only in cities and patients having to pay for treatment of diseases; in the densely populated rural areas, the district and basic public health network was very weak, with a total absence of any organizations specialized in antimalaria hygiene, protection for mothers and children, etc.

Activities, Results in Recent Years

After the total liberation of the south, the VCP Central Committee Secretariat issued directives about public health work in the new situation and emphasized the necessary measures to be taken by the southern provinces for strengthening purposes, such as building organizations for preventive hygiene, preventing and fighting social diseases, organizing public health services in districts and at the basic level, etc.

In the 5-year (1976-1980) public health plan, the public health sector proposed 5 great objectives and selected 5 major jobs to launch a "5 definite points" movement. It tried to make those jobs go hand in hand with the characteristic situation in the nine Mekong delta provinces.

The preventive-hygiene job brought about some remarkable results thanks to the application of combined measures: spraying DDT, taking preventive medicine, discovering and treating patients combined with building a specialized antimalaria network. The average percentage of malaria parasite found in the western provinces in 1980 was 8.5 percent, as compared with 17.6 percent in 1976 -- a decrease of 50 percent. Because of biological control measures combined with a movement to destroy fleas and rats, the cases of bubonic plague were eight times fewer. Unlike the northern provinces, the movement to build sanitary works here had just begun and yet it already brought about some results; for instance, the people in Cai Lay and eastern Go Cong (Tien Giang) responded to the movement by building privies and wells that satisfied sanitary requirements. The people in the Mekong delta had been bearing children early and right into their late years; consequently, the average family had 6-10 children. Beginning in 1977, public health cadres, in coordination with the mass organizations, strived to promote family planning; as a result, the birth rate was declining, but it was far from uniform, with some provinces obtaining good results, such as Tien Giang and Dong Thap having succeeded in reducing their 1980 rate of population increase to 1.69 and 1.74 percent.

The supply of medicinal materials in the Mekong delta offers good prospects. There are here many medicinal materials that other regions do not have or have very little, such as tram bau, lieu lien, xuyen tam lien, mangosteen (rind), etc. The movement to plant and use Oriental medicinal plants was being developed, with 3 districts and 163 villages having so far made a "definite point" of planting and using them. The number of physicians who practiced Oriental medicine was quite large, totalling 582. A public health network running from villages to districts and provinces was set up; as of the end of 1980, 88.9 percent of the villages and subways in the southern provinces had public health stations and most districts had antimalaria sanitation units or mobile public health units, hospitals and pharmacies. The provinces had preventive-hygiene stations, stations specialized in treating social diseases, drugs-producing installations, general hospitals and a number of specialized hospitals.

In an effort to assist the southern provinces, the public health sector is building the Can Tho public health center; the institutes subordinate to the Ministry of Public Health located in Ho Chi Minh City like the National Institute of Medicine, Pasteur Institute, Institute of Hygiene, School of Medicine and Cho Ray Hospital have been making efforts to be of assistance in specialized work.

What is important is the fact that the managerial, specialized and technical cadres of the provincial public health services and district public health offices, while carrying out their job, have closely watched the people's health, understood the distribution of their diseases, found the reasons behind such diseases and drawn precious experiences in prevention and treatment of diseases -- this is a basis for encouraging and heightening the effectiveness of public health work in the years to come.

In the past 5 years, the public health installations in the south have conducted scientific and technical research about many important matters and have been able to draw conclusions in the case of some subjects, such as outline of combined treatment of drug-resistant malaria and outline of treatment of acute malaria. Eradication of malaria, basic investigation of a number of river water sources, investigation of diseases and the environment in rural areas of the south, investigation of medicinal materials and study of properties of some medicinal plants, review of experiences in fighting bubonic plague and cholera, etc. were some other subjects.

However, beside the results obtained, the public health work in the Mekong delta still encounters many difficulties, such as:

- Epidemics always threaten, for wherever there exist shortcomings, there is the danger of epidemic diseases developing. The contaminated environment is closely linked with epidemics in a cause-and-effect relationship; although in the Mekong delta rivers and canals abound in a crisscross pattern and provide plenty of water, there is a shortage of clean water for people to drink, to bathe, to wash, etc.

- The quality of work at the district and village level in first aid, treatment of diseases, isolation of affected areas and eradication of epidemics needs to be improved.
- There is a shortage of medicines because their use is far from rational and their management is still loose; on the other hand, some localities have not taken any positive measures to be self-sufficient in terms of getting Oriental medicines.
- There are no propaganda and campaigns in favor of a widespread mass movement to adopt this way of living: eating cleanly-prepared foods, drinking boiled water and living in a clean place. Although we have overcome some of the serious aftermaths of 30 years of war, we still must make greater efforts to fully eliminate them.

Direction To Take

The public health sector must stay close to the economic task and try to understand the characteristic labor and activities of various production units -- crop-growing farms, animal farms, water conservancy work sites, state forests, fishing cooperatives, etc. Each field of operations of these economic units has its own geobiological characteristics. Every time the work force is redistributed and moved from one area to another, if there are no satisfactory preparations and close grasp of the "locally spread diseases," nor an understanding of the immunity of newcomers, there can be outbreaks, as our actual experience has shown, of complicated epidemic diseases like malaria and hemorrhagic fever, and even very dangerous diseases.

Since the beginning of 1981, the public health sector has been assuming leadership over drafting a 5-year (1981-1985) public health plan for the country as a whole and trying to materialize its 5 objectives to suit the situation in the Mekong delta.

- To concentrate efforts on controlling the diseases that have caused much harm to the health and working capacity of the people, particularly in connection with the Mekong delta state farms, work sites and state forests, by lowering the percentage of people carrying the malaria parasite by .5 percent (by 1985) and the number of cases of hemorrhagic fever, cholera, bubonic plague, infection by meningococcus, contagious intestinal diseases and such infantile contagious diseases as tetanus, diphtheria and polio. To attach importance to fighting environmental pollution and to practice good hygiene in connection with foods and beverages, with the Mekong delta provinces striving to have by 1985 40 percent of their districts and cities adopt sanitary projects as "definite point."
- To prevent and fight effectively social diseases, mostly tuberculosis, leprosy, venereal diseases and mental disorders; to consolidate the examination and treatment network.

- To reduce the average population increase rate by 1.7 percent and to combine it with protecting the health of mothers and children.
- To have 50 percent of districts make a "definite point" of planting and using Oriental medicinal plants.
- To consolidate the system of public health organization, with the decisive job being to perfect the basic public health organization -- district and ward public health installations.

Along with consolidating the general public health network, to further heighten specialized public health services. The Can Tho Public Health Center will fulfill the task of training college-level cadres and studying science and technology to serve the Mekong delta provinces.

To achieve the above-mentioned objectives is the result of an entire fighting process, high determination, continuous measures and good organization and management. What is important is to have overall planning of the public health sector and positive plans of individual provinces and districts; in the projects and plans of different sectors, attention must be paid to building and consolidating the organization of the public health system, particularly the basic level public health of one's own sector in the Mekong delta provinces.

Strength of Joining Efforts

The public health sector has so far enjoyed the effective support of different sectors and mass organizations in protecting the people's health.

To implement this important policy of the Council of Ministers, in the time to come, the public health sector hopes to have the coordination and greater and more positive assistance of all sectors and mass organizations in fighting environmental pollution. The public health sector, agriculture, industry and local authorities are jointly responsible for supplying clean water and building privies of different styles in order both to have compost for production and to ensure sanitary standards; the joint Ministries of Agriculture and Public Health draft and verify the proper implementation of the procedures for the use and storage of insecticide (many countries in the world have banned the use of DDT to fertilize vegetables and crops, for DDT lasts very long in the environment and people can be easily poisoned if they eat DDT-contaminated shrimp and fish).

Every year crops in the Mekong delta suffer from considerable destruction by rats, the host animals that spread the bubonic plague parasite to human beings. A coordination of the activities of the public health and agricultural sectors will make the rats-destroying efforts more effective.

The '5 definite points' movement of the public health sector must be further stepped up to become a widespread mass movement. The factor that determines its success is the strict leadership and guidance of the party committee echelons and administrations of provinces, districts and primary units, combined with participation by information, cultural and educational sectors, with the public health sector serving as the effective staff, and mass organizations, labor unions, youth and women's organizations and mass associations, particularly the Red Cross. Appropriate investment is very necessary for preventing and fighting environmental pollution. In accordance with the experiences of socialist countries, to invest in supplying clean water and handling manure and trash, though expensive, brings about economic values 3-4 times greater; in the developing countries, where epidemic diseases are frequent, this investment brings about 7-8 times more economic values.

The program for agricultural development in the Mekong delta has a great significance for the entire country. The public health sector feels encouraged as it concentrates all of its efforts on successfully carrying out this important program.

5598

CSO: 5400/4517

DEAD LEPTOSPIRAL ANTIGEN PRODUCED FOR FRONT-LINE TROOPS

Hanoi QUAN DOI NHAN DAN in Vietnamese 17 Sep 81 p 1

[Article by Trinh Duong: "Successful Production of Dead Leptospiral Antigen for Front Line Troops"]

[Text] The units that are stationed in border mountainous areas and on islands usually encounter a number of contagious diseases affecting the health of their troops. Some of the latter contract leptospirosis.

To diagnose and discover leptospirosis normally is difficult for the front line because the disease can easily be mistaken for malaria, latent fever and hemorrhagic fever. In order to make an accurate distinction, blood specimens must be drawn from patients and sent to the rear for complex diagnostic viewing and tests, which the military region and military corps front-line dispensaries are not under favorable conditions to perform.

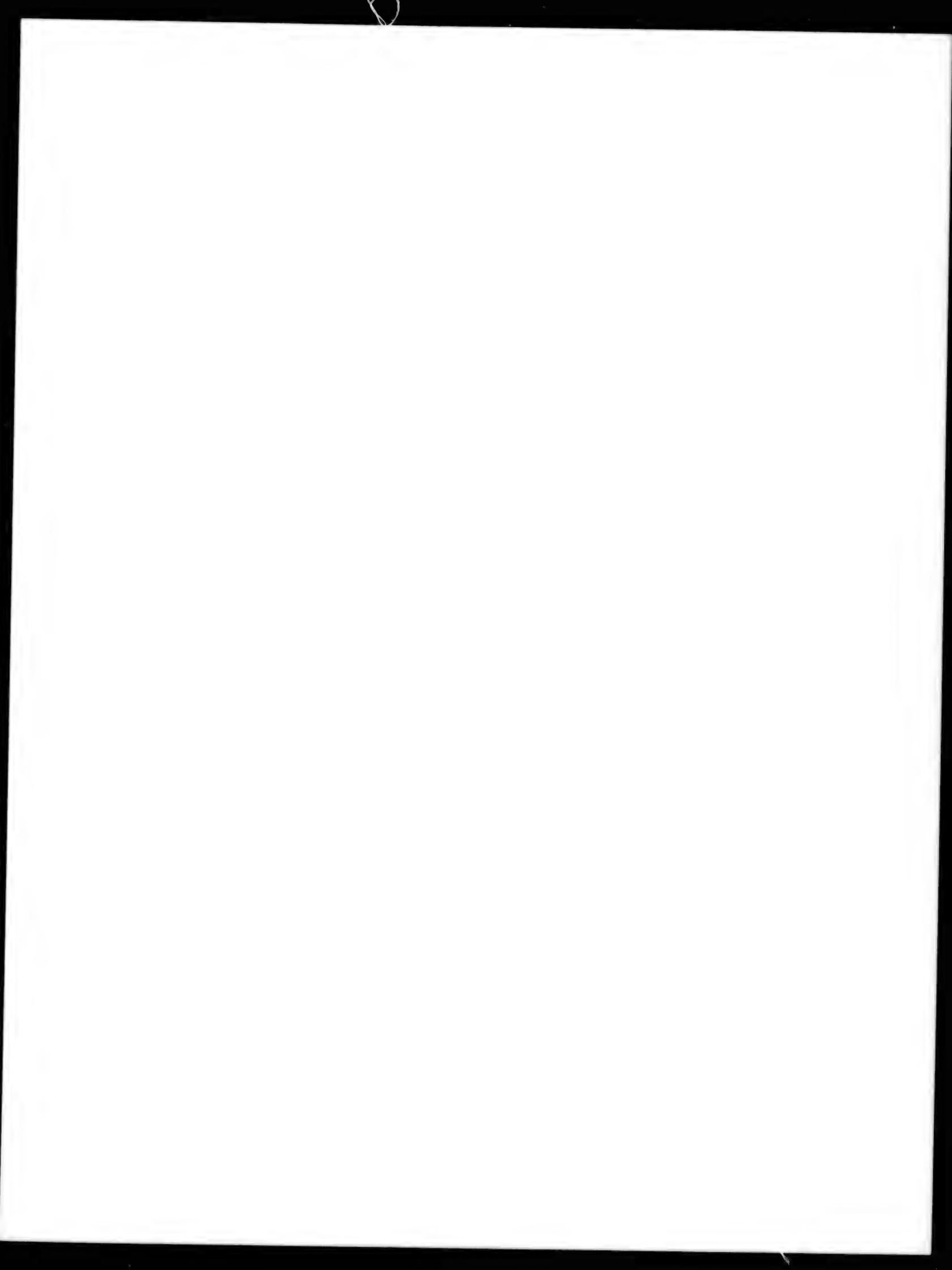
In order to assist the front-line units in preventing and fighting leptospirosis on a timely basis, the Epidemic-Preventing Hygiene Unit 10 of the Army Medical Corps Department, after 6 months of research and learning, began to apply technical knowledge to the production of dead leptospiral antigen for use in the diagnosis of leptospirosis.

The unit overcame many difficulties in connection with chemicals and materials and, with a poor material base and limited means, has successfully produced in the initial phase 2,000 vials of dead leptospiral antigen to distribute to the front-line units.

To use dead leptospiral antigen to diagnose leptospirosis is both fast and convenient; the technique of using it is simple and can be performed right in regimental dispensaries, as it ensures a high rate of accuracy and properly serves the units that are fulfilling their task on the front line.

In July and August 1981, Military Region I used this antigen to diagnose, discover and deal in time with a leptospiral epidemic, thus helping to obtain good results in preventing and fighting it. That was one of the 9 projects and research subjects of the unit as a way to welcome the Fifth Party Congress.

5598
CSO: 5400/4517



OUTBREAK OF EQUINE ENCEPHALOMELITIS FOUGHT WITH VACCINE

Georgetown SUNDAY CHRONICLE in English 20 Sep 81 p 39

(Text)

THE World Health Organisation-Pan American Health Organisation (WHO-PAHO) has air-dashed a potent animal vaccine to Guyana that will be used to combat an outbreak of a nervous disease among horses, that is communicable to human beings.

The Ministry of Agriculture made the appeal for the vaccine to the WHO-PAHO following the discovery of the disease known medically as Equine Encephalomyelitis.

The disease was spreading from the upper Corentyne towards New Amsterdam and also affects donkeys and mules.

Yesterday the Ministry of Agriculture called on owners of horses, donkeys and mules on the Corentyne Coast, to put out a blue flag on the roadside near their stables

and keep in touch with the livestock assistants of their respective districts.

According to Dr. R.N.D. Raja, Production Manager (Veterinary Science) attached to the Ministry of Agriculture, the infection is transmitted by biting insects, principally mosquitoes.

The disease is categorised by nervous symptoms — animals walking shakily or trying to get up and walk and unable to do so. The mortality rate is high and owners who suspect that their animals have contracted the disease are asked to isolate the infected animals, restrict their movements and use insecticides or smoke to control biting insects.

It was explained that the disease hit the Corentyne about five years ago and also the Rupununi. It is regarded

as a "border disease."

The Suriname Ministry of Agriculture is being contacted to find out if the disease is currently in that country and how both countries could co-operate to fight the epidemic.

Dr. Raja disclosed that the disease was spotted about three weeks ago and quickly diagnosed by international consultants at the Veterinary Diagnostic Laboratory in Georgetown. Their findings were confirmed by their counterparts in Trinidad.

Starting tomorrow there will be a vaccination programme conducted by Dr K. Sealey, the Veterinary Surgeon in Berbice with the co-ordination of Dr Raja.

Dr Raja said with the co-operation of animal owners the outbreak could be contained.

10/7/86

VIETNAM

BRIEFS

HOG EPIDEMIC IN CAO BANG--Although hog epidemics persist in Cao Bang Province this problem has been overcome among the family owned hog herds of Hoa An District and Cao Bang City and the herds have increased fairly rapidly, eliminating the phenomenon of empty pens. In Cao Bang City alone the family owned hog herds have increased by five thousand head. [Excerpt] [Hanoi NHAN DAN 7 Oct 81 p 2]

QSO: 5400/4519

PLEDGE TO HELP WITH TSETSE-FLY CONTROL REPORTED

Salisbury THE HERALD in English 20 Oct 81 p 3

[Text]

THE Government will do everything possible to eliminate tsetse-flies and drive away wild animals which are destroying crops in Chief Chapoto's area in the Zambezi Valley, the Deputy Minister of Youth, Sport and Recreation, Mr George Rutanhire, said in Salisbury yesterday.

Mr Rutanhire said he would approach the ministries concerned to give all the necessary help.

"The Government is now aware of all these problems and everything possible will have to be done to help these people," he said.

Chief Chapoto's area is infested with tsetse-flies brought by wild animals. Many people are understood to be suffering from sleeping sickness and elephantiasis, two diseases caused by tsetse-flies.

The deputy minister, who is also ZANU (PF) MP for the area, said if the ministries concerned would drive away the wild animals and find ways and means to get rid of the tsetse-flies, the local people would be able to keep cattle and other livestock.

At present no domestic animals are kept in that area because of trypanosomiasis disease.

Mr Rutanhire said that a lot of crops were destroyed by elephants, buffaloes, hippos and other wild animals. "This is because that the area falls within the game reserve."

The area does not have a health centre and the nearest shop is about 120 km away.

As a result, some people cross the Zambezi River to Luangwa in Zambia to do their shopping.

It is hoped that a medical centre will be set up in the area soon.
— Ziana.

CSO: 5400

GRENADA

BRIEFS

SPREADING MOKO THREAT--As a measure to wipe out the destructive moko disease, which for the past three years has considerably damaged Grenada's banana plantations, the Ministry of Agriculture has authorised its chief plant protection officer, Archibald Fletcher, to destroy without compensation, any plant of the banana family discovered to be infected, with moko. Diseased plants should not be transported from the spot where they are discovered and, for two years after they have been destroyed, no banana plants should be put within 20 feet of where the diseased plants were growing, said the proclamation, signed by Minister of Agriculture George Louison. Moko originated in tropical America. It is difficult to control and symptoms include premature yellowing of the leaves, premature ripening of several fingers of the fruit while the bunch is still on the plant, and black rot inside otherwise healthy-looking fruits. Head of the Government-appointed moko disease eradication team, James Marrast, has expressed fears that the disease is spreading to banana estates throughout Grenada. Marrast said the disease is now widespread in the island and warned that it could get out of control if effective measures are not immediately implemented. [Text] [St Georges FREE WEST INDIAN in English 26 Sep 81 p 2]

CSO: 5400/7505

HONDURAS

SUGAR CANE SMUT REPORTED IN CENTRAL REGION

San Pedro Sula LA PRENSA in Spanish 24 Sep 81 p 39

[Text] Tegucigalpa--Sugar cane smut has appeared in the sugar cane plantations of Villa de San Francisco, considered to be the sugar bowl of the central region of the country.

The disease has been detected in the majority of the sugar cane plantations of the area, but its origin is not yet known, according to what farmers have told LA PRENSA.

The situation of the San Francisco sugar cane growers has become extremely difficult because now, on top of their enormous economic problems with the Azucarera Cantarranas, S. A. [Cantarranas Sugar Mill] (ACANSA), they have the sugar cane smut problem.

This disease destroys almost all of the plantations and makes it impossible to utilize any portion of the sugar cane, except as wood to feed the mill's sugar ket-les.

The report provided to LA PRENSA indicates that at least 60 percent of all of the sugar cane plantations have been affected by the disease, which is likened somewhat to "sugar cane cancer."

In addition to the above, one must add that sugar cane producers also have serious commitments to national financial institutions, obligations that they pay off with the proceeds from their sugar cane sales to the sugar mill.

But now, as a result of the appearance of the disease, their economic situation will become extremely difficult, if one takes into account that, in addition to their problems with the sugar mill, they must deal with the losses caused by the presence of sugar cane smut.

The losses have not yet been calculated, but some producers venture to state that they will amount to about "several million lempiras."

To all of the above must be added that Azucarera Cantarranas, S.A., is operating at an enormous loss, presumably owing to its poor administration and to the officials' lack of awareness of the concern that must be exercised with regard to this type of enterprise in which the government, through the National Investment

Corporation (CONADI) and the National Agricultural Development Bank (BANADESA), has invested millions.

Because of that situation, ACANSA has not been profitable up to now and this is why it hardly has the funds needed to meet its administrative costs and the purchase of sugar cane from the producers of the area.

Until this past weekend the sugar cane growers did not know what the ACANSA executives were doing with regard to facing the difficult situation caused by the sugar cane disease, in spite of their having been aware of the disease for several weeks.

8255
CSO: 5400/2014

PAKISTAN

BRIEFS

MINOR LOCUST ACTIVITY IN BALUCHISTAN--Pakistan remained free from any locust activity during the first half of October. In Baluchistan, however, nine solitary locust adults were observed in three different localities of Pasni and Khuzdar area. The chances of any locust activity in the remaining period of the year are remote due to absence of soil moisture and drying of vegetation. [Text] [Karachi DAWN in English 22 Oct 81 p 8]

CSU: 5400/4518

TANZANIA

BRIEFS

DAMAGE BY GRAIN-EATING BEETLE--Four Tanzania mainland regions have been hit by a grain-eating beetle, according to a statement issued by the Ministry of Agriculture in Dar es Salaam on Tuesday. The statement said the beetle--scientifically called *prostephanus truncatus* and locally nick-named "scania"--had been detected in Tabora, Shinyanga, Mwanza and Morogoro regions. The ministry has called for intensified use of pyrimiphos methyl (actellic), an officially prescribed drug to contain the pest. Maize is one of the crops prone to attack by the pest which, according to the statement, is rampant in the whole of Tabora Region as well as Kahama District (Shinyanga Region), Shinyanga town, Mwanza District and Kilosa District (Morogoro Region). The pest was seen for the first time last March in Nzega District and the following month a survey was launched to assess the nature and extent of the problem, the statement said. It pointed out that the pest was indigenous to central America and "never before has it been recorded anywhere on the African continent." [Text] [Dar es Salaam DAILY NEWS in English 15 Oct 81 p 3]

CSO: 5400/5637

CROPS SAVED FROM DESTRUCTION BY GRASSHOPPERS

Hanoi NHAN DAN in Vietnamese 23 Sep 81 p 2

[Article by P. V. (Reporter): "Chu Prong District in Gia Lai-Kon Tum Province Saves Nearly 5,000 Hectares of Rice, Subsidiary Food Crops From Destruction by Grasshoppers"]

[Text] In the tenth-month season this year, a larger part of the cultivated area of Chu Prong District (Gia Lai-Kon Tum Province) has been damaged by grasshoppers. In Gia Le and Nhon Hoa Villages alone, the affected areas amounted to over 1,200 hectares. In these localities, grasshoppers were found to be as numerous as 100-150 per square meter.

Right after the grasshoppers had appeared, the province issued directives for concentrated efforts to destroy them and to prevent them from invading other areas and districts. The Agricultural Service sent key leaders and many plant protection cadres to the major affected areas to assume direct leadership. The agricultural materials sector quickly supplied enough insecticide to all villages and hamlets. Plant protection units used machines to spray insecticide; manual sprays were also mobilized from state farms and stations to assist Chu Prong District in destroying the grasshoppers.

Chu Prong District was sending most of its laborers to the fields to clear the paths dividing ricefields and to mark off the areas to be sprayed and to spray the grasshopper-killing insecticide. By taking many measures combining machines, manual work and chemicals, within only 10 days, Chu Prong District was able to destroy the grasshopper nests and to save nearly 5,000 hectares of rice and subsidiary food crops.

5598
CSO: 5400/4517

VIETNAM

BRIEFS

INSECTS INFEST RICE--According to the Cultivated Plant Protection Department, Ministry of Agriculture hoppers [ray cam] have appeared on the main rice crop and the late rice crop in a number of places in Ha Son Binh, Hanoi and Hai Hung Province with a density of up to ten thousand insects per square meter. Meanwhile hopper eggs are continuing to hatch. Small leaf rollers are laying their eggs on the late rice crop. Army worms are maturing, their larvae appearing on the main rice crop. Eradication efforts must be concentrated against areas where there are more than one thousand hoppers per square meter and where small leafrollers are attacking the late rice crop especially glutinous rice and transplanted seedlings of the Nong Nghiep 22 variety. Continue applying poison to stubble piles to exterminate army worms, keep close tabs on the status of larvae to prevent their appearance on newly sprouted rice and to eradicate them completely and in time. [Text] [Hanoi NHAN DAN in Vietnamese 6 Oct 81 p 4]

CSO: 5400/4519

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